

Request for Hospitality Service

Group/requesting event _____ Telephone# _____

Contact Name _____ E-mail _____

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Type of event: _____ Event Budget \$ _____

Date: _____ Time: _____ Approx. # guests: _____ Theme: _____

Type of meal or refreshment desired. (check one):

Breakfast Brunch Lunch Dinner Dessert Light refreshments

Location (on church campus): FLC CEC upstairs CEC downstairs Café

List any special requests or needs: _____

Please Note:

- † It is the responsibility of the group or person requesting Hospitality service to verify availability of the date, building and/or equipment with the church office, BEFORE submitting this request form.
- † All events must FIRST submit a completed Building/ Equipment Use Form to the Church Office.
- † The Hospitality Committee reserves the right to accept or decline all requests.

I accept the terms and conditions and understand that I need to work within the Hospitality Committee Policy.

Signature

Date

Thank You
Sharon Reppert --Chair
610-926-3278 (please no calls after 9 PM)

FOR COMMITTEE USE ONLY

____ Approved
____ Declined

By: _____
Date: _____